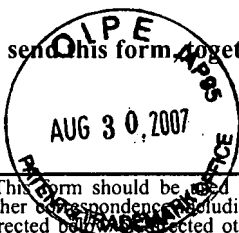


PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885**



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below. Indicate otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

30623 7590 05/31/2007

**MINTZ, LEVIN, COHN, FERRIS, GLOVSKY
AND POPEO, P.C.
ONE FINANCIAL CENTER
BOSTON, MA 02111**

09/05/2007 SSITHIB2 00000019 10671034

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/671,034 09/25/2003 Thomas A. Wynn 22058-519 CIP DIV2 6681

TITLE OF INVENTION: TREATMENT OF FIBROSIS BY ANTAGONISM OF IL-13 AND IL-13 RECEPTOR CHAINS

03 FC:8001 30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$300 \$0 \$1700 08/31/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HAMUD, FOZIA M 1647 424-130100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ivor R. Elrifi, Esq.
2 David E. Johnson, Esq.
MINTZ LEVIN
3 One Financial Center
Boston, MA 02111

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WYETH

Madison, New Jersey

The United States of America as represented by the Department of Health and Human Services

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☒ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies ten (10)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David E. Johnson

Date August 30, 2007

Typed or printed name David E. Johnson

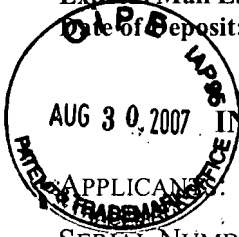
Registration No 41,874

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: August 30, 2007

Attorney Docket No. 22058-519 CIP DIV2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Wynn et al.

SERIAL NUMBER: 10/671,034

EXAMINER: Fozia Hamud

FILING DATE: September 25, 2003

ART UNIT: 1647

FOR: TREATMENT OF FIBROSIS BY ANTAGONISM OF IL-13 AND IL-13
RECEPTOR CHAINS

MAIL STOP ISSUE FEE

P.O. Box 1450

Alexandria, VA 22313-1450

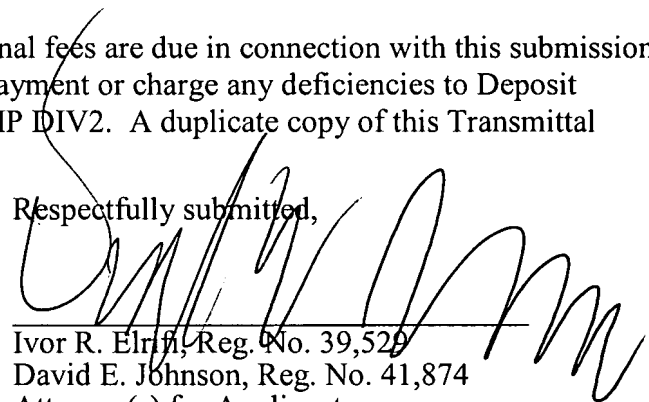
TRANSMITTAL LETTER

Transmitted herewith for filing in the present application are the following documents:

1. Issue Fee Transmittal (1 page);
2. Check No. 24587 in the amount of \$1,730.00 (Issue Fee \$1,400.00, Publication Fee \$300.00, and Advance Copies of Patent \$30.00); and
3. Return Postcard.

Although Applicants believe that no additional fees are due in connection with this submission, the Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 22058-519 CIP DIV2. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,


Ivor R. Elrifi, Reg. No. 39,529
David E. Johnson, Reg. No. 41,874
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Tel: (617) 542-6000
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Date: August 30, 2007